

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER 3rd AMENDMENT	
	INO.	OCF.	INO.	OCF.	INO.	OCF.
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TOTAL	2		2			
TOTAL	14		9			
TOTAL	10		11			

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